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(Depositor's name)	
(Signature)	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/538,916	06/13/2005	Fumio Nomura	050337	✓ 8854

TITLE OF INVENTION: MARKER PROTEINS FOR DIAGNOSING LIVER DISEASE AND METHOD OF DIAGNOSING LIVER DISEASE USING THE SAME

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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0 03/05/2039	\$1810 ALONDAF2 0200057 6	03/10/2009 312340 10538916
EXAM	MINER	ART UNIT	CLASS-SUBCLASS	01 FC:1591	1510.00 NA	,220 to 10000710
NOAKES, SUZ	ZANNE MARIE	1656	530-324000	02 FC:1534	369.03 DA	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The endication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					~	
PLEASE NOTE: Ur recordation as set for (A) NAME OF ASSI NITTO BOSE	aless an assignee is ident th in 37 CFR 3.11. Com IGNEE EKI CO., LTD.		FUKUSHIMA-	atent. If an assignee is it assignment.  Y and STATE OR COUNT	TRY)	
4a. The following fee(s)  Issue Fee	are submitted:	4lpermitted)	b. Payment of Fee(s): (Ples	ise first reapply any pred d. Form PTO-2038 is atta	viously paid issue fee sh	own above)
a. Applicant clain	atus (from status indicate ns SMALL ENTITY stat nd Publication Fee (if req records of the United Sta	us. See 37 CFR 1.27.	b. Applicant is no lon d from anyone other than to Office.	ger claiming SMALL EN he applicant; a registered		
Authorized Signature	: Vanis	a Gores	hot_	Date03/04	/09	

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Daniel A. Geselowitz, Ph.D.

Typed or printed name

42,573

Registration No.

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	(Depositor's name
	(Signature
	. (Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/538,916	06/13/2005	Tunno Tronger	ACNOSING LIVER DISEAS	E LISING

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Change of corres Address form PTO/S  "Fee Address" in PTO/SB/47; Rev 03- Number is required  ASSIGNEE NAME A PLEASE NOTE: Un recordation as set for (A) NAME OF ASS NITTO BOSE	dication (or "Fee Address 02 or more recent) attact.  AND RESIDENCE DAT on the same assignee is idented in 37 CFR 3.11. Communication of the same assignee is idented in 37 CFR 3.11. Communication of the same assignee is idented in 37 CFR 3.11. Communication of the same assignee is idented in 37 CFR 3.11. Communication of the same assignment o	ange of Correspondence s" Indication form hed. Use of a Customer  A TO BE PRINTED ON tified below, no assignee upletion of this form is NO	or agents OR, alternation (2) the name of a single registered attorney or a registered patent attollisted, no name will be the PATENT (print or type data will appear on the pot a substitute for filing an (B) RESIDENCE: (CIT)	o 3 registered patent attorn vely, le firm (having as a membagent) and the names of unreys or agents. If no name printed.	theys  Der a 2 HANSON, app to a 3  dentified below, the do	cument has been filed f
la. The following fee(s    X   Issue Fee   X   Publication Fee (  X   Advance Order -     5. Change in Entity St	n) are submitted:  (No small entity discount # of Copies 2	red above)	Bb. Payment of Fee(s): (Ple A check is enclosed. Payment by credit ca XX The Director is hereb overpayment, to Dep	ase first reapply any pre ard. Form PTO-2038 is att by authorized to charge the osit Account Number 01	viously paid issue fee s ached. required fee(s), any def 1-2340 (enclose ar	Thown above)  Ficiency, or credit any a extra copy of this form  FR 1.27(g)(2).
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